Name of Policy: Code Blue Policy and Procedure for Main Hospital, Heart and Vascular Center, Hospital Clinics, the George Isaac Outpatient Surgical Center, the First Floor Medical Pavilion, the Basement and First Floor of Dowling Hall (including Outpatient OT/PT) and the Ortho Clinic and Cardiac Rehab

Policy Number: 3364-100-45-06
Department: Hospital Administration
Approving Officer: Chief Operating and Clinical Officer
Chief of Staff
Responsible Agent: Vice President, Clinical Services
Scope: The University of Toledo Medical Center and its Medical Staff

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| New policy proposal | X Minor/technical revision of existing policy |

(A) Policy Statement

The Code Blue Team shall respond to all Code Blues that are called within the main hospital, Heart & Vascular Center, Hospital Clinics, the George Isaac Outpatient Surgical Center, the first floor Medical Pavilion, the Basement and First Floor of Dowling Hall (including Outpatient OT/PT), Ortho Clinic and Cardiac Rehab at The University of Toledo Medical Center (UTMC).

(B) Purpose of Policy

The purpose of the Code Blue team is to assure the prompt and skilled cardiovascular and cerebral resuscitation of persons who suffer a cardiopulmonary arrest. The formation of a Code Blue team shall provide for trained personnel and relieve other hospital staff members of the responsibilities of attending Code Blue's.

(C) Procedure

Initiation of a Code Blue

Any personnel who finds a person in apparent cardiopulmonary arrest may initiate a Code Blue. This person must stay with the victim and summon help by whatever means are available.

In order to summon the Code Blue team, the hospital operator shall be called on telephone number 77 and notified of the Code Blue's location in words, not initials. Special care unit "code buttons" shall be activated.

The hospital operator shall also voice page the location of the Code Blue - in words, not initials or other short forms. Activating of the emergency tone device shall precede the announcement of a Code Blue. The operator will notify the Nursing House Supervisor of the Code Blue.

Procedures during a Code Blue

The Code Blue Team shall adhere to the current Advanced Cardiac Life Support Guidelines.

Procedure governing closed chest massage

Closed chest massage and ventilation should be carried out by the first qualified person on the scene after insuring that a Code Blue has been activated. Thereafter, the responsibility will be directed by the charge-physician.

Procedure governing defibrillation and cardiac rhythm monitoring

Defibrillation of the patient should be administered by the first qualified (i.e., ACLS trained) person. Thereafter the responsibility will be directed by the charge physician.
Composition of the Code Blue Team

1. One (1) supervisory level (PGY2 or PGY3) internal medicine resident - During daytime hours from 8 a.m. to 5 p.m. this will be the supervising resident on the Med IV service, from 5 p.m. to 8 a.m. senior internal medicine resident on call in the hospital will fill this role. All residents are ACLS trained...

2. Two (2) first year internal medicine residents. The assignment of the first year residents to the Code Blue team will be at the discretion of the Chief Resident, Internal Medicine.

3. One (1) surgical resident - assigned by the Department of Surgery.

4. One (1) anesthesiology provider - assigned by the Department of Anesthesiology.

NOTE: Every effort must be made on the part of residents assigned to the Code Blue team to guarantee their availability to assist with any Code Blue. Should any residents not be present at a Code Blue, their functions will be carried out by the other personnel at the Direction of the Code Blue charge physician.

5. Two (2) respiratory therapists.

6. Three (3) nurses - One (1) nurse from MICU
   One (1) nurse from SICU
   The RN of the patient experiencing the Code Blue event

7. A PGY1 or PGY2 Pharmacy Resident- assigned by the Department of Pharmacy

8. Campus Police

9. Pastoral Care, when available.

Duties and responsibilities of members of the Code Blue Team

The responsibilities of the above code team members will be as follows:

1. The most senior internal medicine resident will be the physician in charge of the conduct of the Code Blue. (The physician in charge of the Cardiopulmonary resuscitation effort will henceforth be referred to as the charge-physician.) Exceptions to this dictum are outlined as follows:

   a. The primary service resident of the patient (other than internal medicine). This resident must have sufficient training and experience to assume full responsibility for the management of a Code Blue. If such a primary service resident wishes, he/she may assume charge of the Code (this change will be clearly recorded in the Code Blue records). The senior internal medicine house officer will remain at the code until the new charge-physician indicates he/she (the internal medicine resident) is no longer needed. There must be no confusion as to who is the charge-physician of the Code Blue. In order to avoid any confusion, the charge-physician will be required to sign the Code Blue form for all actions taken during his time of authority. The charge-physician will be ultimately responsible for all actions that occur during the Code Blue.

   b. The attending physician of the patient may assume charge of the Code Blue. In this case, the senior internal medicine resident will remain at the code until it is clear he/she is no longer needed at the Code Blue. In the event of a change of the charge physician, this must be clearly communicated.

2. The first year house officers will begin tasks as assigned by the charge-physician for the code or as outlined in standard code procedures later in these policies and procedures.

3. The surgical resident will be responsible for the performance of any procedures as requested by the charge-physician. If the surgery resident assumes the role of charge-physician for Code Blue he/she should not become involved in performing procedures, but should maintain his supervisory and directive role.

4. The anesthesiology resident will be responsible for establishing adequate ventilation - this may or may not involve endotracheal intubation. The anesthesiology resident, when present at the Code, should be responsible for directing patient ventilation.
Should the anesthesia resident not be present, alternative personnel, who are trained and approved to establish adequate ventilation for patients during a Code Blue as outlined below, will be available.

The Internal Medicine and Surgical residents shall be trained in ventilation and intubation techniques and will be able to provide a second back-up. The Code Blue charge-physician shall have ultimate responsibility for the adequate oxygenation of the patient. It is thus imperative that the personnel responsible for the ventilation of the patient work closely with the charge-physician.

5. Two (2) respiratory therapists shall be responsible for maintenance of ventilation after an airway has been established, and chest compressions as needed.

6. Three (3) nurses shall be present at each Code Blue, with responsibilities as detailed below. If the Code Blue occurs in an area with no RN present, the House Supervisor may be required to document the events of the Code Blue or to designate an individual to do so.

   One nurse from Medical Intensive Care Unit
   One nurse from Surgical Intensive Care Unit
   The RN of the patient experiencing the Code Blue

   One nurse shall be responsible for the management of code cart and preparation of all medications.
   The other nurse shall be responsible for direct patient related activities, such as administering medications, regulating the flow of IV solutions and patient evaluation.
   This nurse shall be responsible for recording all the events of the Code Blue.

7. The Pharmacy Resident will: review the patient’s medication profile; provide recommendations and information as needed regarding drug therapy, including dosing and assist in the acquisition and preparation of medications, as needed.

8. Campus Police will respond to all Code Blue alerts. Their preliminary role will be for crowd control. This may include diverting patients, visitors, or services to another location or area.

9. Pastoral Care will be notified by the hospital operator and will respond to Code Blue alerts if available. Pastoral Care is available on call 24 hours a day, seven days a week. Their duties include providing support to families of patients either directly or indirectly involved with the Code Blue.

Responsibilities of Nursing House Supervisor (HS) during a Code Blue

The HS shall be responsible for ensuring that the following occurs:

1) Care and notification of the family of the patient.
2) Notification of the patient's attending physician.
3) Notification of Central Service and ensuring of rapid transport of needed supplies from Central Service to the site of the Code Blue.
4) Rapid transport of blood samples to the laboratory.
5) The HS shall notify the hospital chaplain of the code. The chaplain may enter the patient’s room with the approval of the charge-physician.
6) The HS shall ensure that a bed is expeditiously made available to the patient if transfer from the site of the Code Blue is felt to be needed.

NOTE: During the day shift hours, Monday-Friday, Nursing Director or his/her designee may fulfill the functions of the HS.

Transfer of the patient from the site of the Code

The patient shall be moved from site of Code Blue to an appropriate area, if necessary, only after the patient’s condition has been stabilized. The choice of appropriate area for the patient shall be at the discretion of the charge-physician of the Code Blue. Whenever possible, the charge-physician should consult with physician of record, or his designate, prior to this decision. When this is not possible, the charge-physician should consult with the physician of record after patient's stabilization and/or transfer.
The patient shall receive medical care from the site of the code to the new nursing unit as designated by the charge-physician. One physician must accompany each patient.

Traffic control at a Code Blue

The charge-physician will request non-code team responders to leave the area of the code in order to maintain the efficiency of the code.

The charge-physician may permit observers at the code so long as the numbers are limited and they do not interfere with the Code Blue Team and they are medical students, residents, nurses, nursing students or respiratory therapy students who are responsible for learning Code Blue management.

Termination of Code Blue

The HS will notify the patient's physician of record, or designee, that a Code Blue has occurred. When the attending physician is available to speak by telephone or in person, a junior house officer will leave the code to speak with the attending physician. The attending physician must clearly indicate what a reasonable duration is for the Code Blue. If the attending physician desires, he/she may delegate this decision to the charge-physician.

If a patient with a Do Not Resuscitate – Comfort Care (DNR-CC) order is inadvertently resuscitated, the code should be discontinued when the charge physician becomes aware of the code status and there has not been a response to resuscitation or there is no expectation of a successful resuscitation.

Second Code Blue

The telephone operator will be notified by the usual mechanisms and will announce the code by the usual mechanism.

Composition of the backup Code Blue Team.

1. The charge physician will designate one or two physician members of the team to proceed to the site of the second Code Blue.
2. One of the two respiratory therapists will be asked to proceed to the site of the second code. The choice of which therapist goes to the second code will be at the discretion of the charge-physician.
3. A second RN from the MICU and SICU will be dispatched as directed by the charge nurse of the unit.
4. Two nurses from the unit where the code occurs will assist with the nursing activities of the code.

The HS must be advised of the second Code Blue in order to marshal personnel.

Record of Code Blue's

The events of the Code Blue shall be recorded on the Code Blue flowsheet, see attached. This form shall be completed by patient care personnel to document UTMC actions. The flowsheet is placed in the patient's chart.

Review of Code Blue's

A regular review by the Code Blue Committee and the Quality Management department on Code Blue's that occur at UTMC shall take place. The purpose of such a review should be to evaluate the quality of patient care and the outcome of patients who suffer cardiopulmonary arrest at UTMC. The data submitted for the review should be the Code Blue Evaluation form. The evaluation criteria on the form should be reviewed at least annually by the Code Blue Committee and by the Medical Director.

SPECIAL CODE BLUE PROCEDURES

I. CODES IN HOSPITAL AREAS WITHOUT A CODE CART
   1. Codes in the Gift Shop, Lobby and Cafeteria – The ED staff will designate a person to provide a code cart and a stretcher from the ED to this area. The code cart is the first priority. The second priority will be the stretcher, also from the ED.
2. Codes in the basement of the hospital, including Dietary, Pathology, Pharmacy, Central Service, Biomed and Campus Police – Respiratory Care staff will be responsible for providing the code cart for use at a code in one of these areas.

II. PEDIATRIC CODE BLUE

In the event of a pediatric Code Blue, the following steps shall be taken.

1. The person calling the telephone operator to announce a code on a pediatric patient must clearly state that this is a "Pediatric Code Blue."

2. The telephone operator will then activate Code Team beepers, announce "Pediatric Code Blue" and the location.

3. The HS will immediately activate transport from UTMC to a children's hospital.

4. All Code Blue procedures and personnel listed for adults in this policy will apply to Pediatric Codes. A PALS nurse will be at the bedside as well for all Pediatric Codes.

(D) Definitions

The term Code Blue will be used to summon a team of trained medical personnel to undertake cardiopulmonary and cerebral resuscitation. All physician and nurse members of the Code Blue team will be trained and current ACLS Providers.

Cardiopulmonary and cerebral resuscitation implies the use of accepted techniques of 1) oxygenation, 2) airway management, 3) cardiac arrhythmia recognition, cardiac defibrillation, and drug support of perfusion in an orderly attempt to restore spontaneous cardiopulmonary and cerebral function, and 4) external cardiac massage.